

Serial No. 10/726,962

PATENT

REMARKS

In the Office Action dated 2nd November 2007 claims 19, 21 to 23 and 25 to 27 were pending of which claims 19, 21 to 23 and 25 to 27 were rejected.

In particular:

- Claims 19, 23 and 25 are rejected under 35 U.S.C. 103(a) as being unpatentable over Chobotov et al (US 2002/0151953)
- Claims 21, 22, 26 and 27 are rejected under 35 U.S.C. 103(a) as being unpatentable over Chobotov et al (US 2002/0151953), in view of Ivancev et al (US Patent 6,773,457) and in view of Cook et al (US Patent 7,175,652).

DISCUSSION

No claim amendments are made by this response.

Prior Art Rejections

Claims 19, 23 and 25 are rejected under 35 U.S.C. 103(a) as being unpatentable over Chobotov et al (US 2002/0151953).

Claim 19 defines a combination of deployment device and prosthesis in which the prosthesis is mounted onto the deployment device such that after the thoracic arch of a patient has been exposed by open chest surgery and an incision has been made into the wall of the aorta the combination of part of the deployment device and the prosthesis can be deployed through the incision down into the descending aorta. The next stage in the process of implanting the prosthesis is to fasten the central portion to the aortic wall at the thoracic arch. To enable this to happen the prosthesis is mounted onto the deployment device such that:

“the prosthesis being everted and the proximal and distal ends of the prosthesis extending to the distal end of the deployment device with the proximal end within the distal end and a central portion of the prosthesis extending proximally and wherein the central portion is mounted to a manipulator on the deployment device, the proximal end is fastened to the

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deployment catheter adjacent to the nose cone and the distal end is fastened to the nose cone dilator. "

That is, the three places on the prosthesis are fastened to different portions of the deployment device and further the distal and proximal portions of the prosthesis can be moved independently with respect to the deployment device. The proximal end is fastened to the deployment catheter, the distal end is fastened to the nose cone which is on the central catheter and the deployment catheter is co-axially around the central catheter and slidable longitudinally with respect to the central catheter.

This assembly is most important because after the central portion has been stitched to the aortic wall at the thoracic arch the distal end can be held in place in the descending aorta and the proximal portion retracted by movement of the deployment catheter which, as indicated above and as claimed, is retained on a different portion of the deployment device.

The disclosure and teaching of Chobotov et al is that a prosthesis can be mounted onto a deployment device with a distal end and a proximal end at opposite ends and no mounting of a central portion. Both the distal end and the proximal end of the device of Chobotov et al are mounted onto the same component, the guide wire tube (17, 35). There is no way that the teaching of Chobotov et al could be applied to a situation where it is necessary that one end of prosthesis be moved independently of the other. This is necessary if one is to evert the prosthesis with the proximal end within the distal end and after the stitching step it is necessary to retract one end and leave the other in place down the descending aorta.

There is no teaching or suggestion in Chobotov et al of a three point mounting system to support a stent graft on a delivery device and particularly where one of the mountings can be moved longitudinally independently of the others..

Overall we submit that Claim 19 is patentable over Chobotov et al (US 2002/0151953).

Claims 23 and 25 which depend from patentable claim 19 are also patentable over Chobotov et al (US 2002/0151953)

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Claims 21, 22, 26 and 27 are rejected under 35 U.S.C. 103(a) as being unpatentable over Chobotov et al (US 2002/0151953), in view of Ivancev et al (US Patent 6,773,457) and in view of Cook et al (US Patent 7,175,652).

The reference Ivancev et al teaches an entirely manual method of introducing a prosthesis into the descending aorta and there is no teaching or suggestion that a mechanical device could be used to assist the surgeon in this process. There is particularly no teaching or suggestion in Ivancev et al that a central portion of the device could be retained on a mechanical device while the proximal and distal ends are placed down a descending aorta on a deployment device. There is no teaching or suggestion in Ivancev et al of how the graft material may be supported while its central portion is being stitched to the aortic wall. There is further no teaching or suggestion that a deployment device can be used to hold one portion of the device of Ivancev down into the descending while another is retracted. The additional reference of Cook does not teach the three point mounting of a stent graft onto a delivery device as shown in the present application and as discussed above. The combination of Chobotov and Ivancev and Cook does not teach the claimed invention.

We further submit that Claims 21, 22, 26 and 27 which depend from a patentable claim 19 are also, patentable over Chobotov et al (US 2002/0151953) in view of Ivancev et al (US Patent 6,773,457) and in view of Cook et al (US Patent 7,175,652).

The re-examination and consideration of this application is respectfully requested, and it is further requested that the application be passed to issue.

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Although the foregoing discussion is believed to be dispositive of the issues in this case, applicants' attorney requests a telephone interview with the Examiner to further discuss any unresolved issues remaining after the Examiner's consideration of this response and amendment.

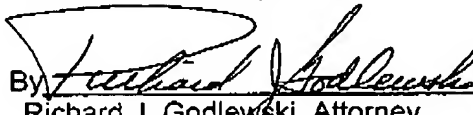
Respectfully submitted,

David Ernest Hartley
Ian Nixon
Peter John Mossop

Date:

Nov. 28, 2007

By:


Richard J. Godlewski, Attorney
Reg. No. 30,056
(812) 330-1824

Customer Number

9896

(812) 330-1824 (phone)
(812) 330-9049 (fax)